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GUN-SHOT WOUNDS, FROM ARKANSAS POST.

[Communicated for the Boston Medical and Surgical Journal.]

{ UNITED STATES GENERAL HOSPITAL No. 3,
MEMPHIS, TENN., April 12, 1863.

MESSRS. EDITORS,—In my last communication to your JOURNAL, which was from the United States General Hospital at Hilton Head, S. C., I stated that it was my intention shortly to leave that place and return to the North. Soon afterwards, with another surgeon, I was placed in charge of one hundred and twenty sick and wounded soldiers, who were to be landed in New York, and that duty having been discharged, I was directed to report to the Surgeon-General in Washington City.

HOSPITAL No. 3, MEMPHIS, TENNESSEE.

When I arrived in Washington City, there was an expectation that an immediate collision would take place between the army of Gen. Grant and the rebels at Vicksburg. The demand, therefore, for surgeons within reach of that point was very urgent, and I was requested by the Surgeon-General to proceed without delay to St. Louis, and on my arrival there I was immediately directed to repair to Memphis, Tenn. I arrived at Memphis on the 21st day of January, 1863, and was assigned to Hospital No. 3, Adams Block, which had then just been opened for the reception of patients. Only a few patients had been admitted when I arrived there, but on the 23d of January, two days afterwards, about five hundred and fifty of the soldiers wounded at the battle of Arkansas Post were sent up the river in a steamer and admitted into this Hospital.

CONDITION OF THE WOUNDED.

It should be recollected that the battle of Arkansas Post took place on the 11th of January, and that the wounded in that battle did not arrive at the Hospital until the 23d, twelve days afterwards. The operations, therefore, were all *secondary*. Besides this, they had all been crowded on board a steamer while coming up the Missis-

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issippi river, previous to their arrival, where their wounds could not receive that careful attention which their condition required. Though the mortality was not greater, nor even so great as might have been expected under the circumstances, yet it would doubtless have been much less if the patients could have been brought into the Hospital immediately after their injuries had been inflicted, and without the necessity of being transported several hundred miles in an overcrowded steamer.

When a large number of men have been wounded on the battle-field, there will of course be found a great variety amongst the injuries inflicted. The head, the trunk and the extremities, in this instance, had each contributed their usual proportion.

WOUNDS OF THE HEAD.

I.—John E. Smith, Co. F, 55th Ohio, was struck by a grape-shot on the left parietal bone, near the coronal suture, and about equidistant from the superior portion of the temporal bone and the sagittal suture, the wound being extended to near the central portion of the parietal bone. The soft parts having been divided and turned back so as perfectly to expose the bone, it was found to have been broken into several pieces, and the application of the trephine therefore was unnecessary. The fractured and depressed portions of the bone, both of the external and internal table, were carefully removed on the 29th of January, eighteen days after the injury had been inflicted. The dura mater was not ruptured. Though the patient had been, previously to this operation, frequently convulsed and comatose, immediately after the removal of the fractured and depressed pieces of bone both of these symptoms disappeared. For several days after the operation there seemed to be a fair prospect of the patient's recovery; but although he received the most careful attention, and every means was resorted to which could be thought of to keep down the inflammation, he fell into a comatose condition, and died on the tenth day after the operation.

The results of the operation of trephining, when other accidents render it necessary, are not very encouraging, but when the injury is produced by a gun-shot wound the prospect of a favorable termination is much diminished. In such cases the brain appears to have received a general shock in addition to the local injury.

II.—George Thompson, Co. F, 6th Missouri, was struck by a small, round shot, probably a pistol ball, which entered the supra-orbital ridge, over the right eye, about an eighth of an inch from the root of the nose. It passed outwards and slightly downwards, in a line directly towards the superior tip of the right ear. The ball fractured the orbital plate, and passed into the frontal sinus. The fracture could be felt by the probe as deep as the bottom of the orbit, beyond which it was not considered prudent to explore the course of the ball. The globe of the eye itself was disorganized and destroyed. For a considerable time the inflammation, as might have been expected, ran very high, and the pain was exceedingly severe. The swelling, however, after two or three weeks, gradually subsided to a considerable extent, and the disorganized eye-ball was finally reduced within the orbit.

The wound, however, frequently became very painful afterwards, and renewed treatment was often necessary for a day or two, for the removal of the pain and the recurrence of the general symptoms. The extirpation of the disorganized eye-ball became a question, and it appears to me that to have performed that operation would have been the best practice, as the ball which inflicted the wound, with some splinters of the fractured bone, would probably have been found about the bottom of the orbit, which might have been removed, and would have saved much of future danger and difficulty. The patient, though not cured, was able to travel, and he was discharged from the Hospital about the first of April.

III.—Cyrus Kroesen, Co. A, 77th Illinois, was struck by a round ball on the left side of the face, a little in front of the junction of the temporal and frontal bones. The ball then proceeded backwards, immediately above the base of the ear, making a track of about three inches in length beneath the scalp. The external appendages of the ear received no injury, but the hearing on that side was entirely destroyed. Though the ball must have passed in immediate contact with the bone, no exfoliation took place, and the wound healed without any dangerous symptom. The hearing on the right side was not at all affected, nor the eye-sight in the least disturbed.

IV.—Bryan McQuillan, Co. H, 83d Ohio, was struck by a Minié ball, which entered the side of the face, about half an inch below the corner of the angle of the mouth on the right side, and, passing backwards and upwards, went out directly in front of the inferior lobe of the right ear. The lobe of the ear was cut by the ball after it had passed out from the face. The ball, on its entrance, fractured the inferior maxillary bone, and knocked out two of the molar teeth. It also struck the ramus of that bone and fractured it, some loose pieces from that portion of the bone having been afterwards removed. The wound at first was very painful and greatly inflamed, but after a time the inflammation was reduced, and the pain and tumefaction to some extent subsided. The motion of the inferior maxillary, however, is entirely destroyed, as the articulation is completely ankylosed. The hearing of the ear, also, on that side, is entirely lost, and it is more than probable that both these organs will permanently remain in their present condition. The wound is nearly healed, but no improvement in the hearing nor increased action of the inferior maxillary has taken place.

V.—Wm. J. James, Co. F, 83d Ohio, was wounded by a Minié ball, which struck the left side of his head on the frontal bone, just at its most elevated portion, and, passing backwards a little to the left of the sagittal suture, in a direction towards the central portion of the parietal bone, went off at that point, laying bare the bone for the distance of about three inches. Though the bone was denuded of the integument it was not otherwise injured, and no abrasion, fracture or depression could be discovered. The eye-sight, immediately after the wound had been received, was greatly affected, so much so as almost to destroy vision, but in a short time it recovered to a considerable extent, and he has now much less of visual derangement than at first. About two weeks, however, after he received the injury he had a convulsion, and since that time, at intervals, two or three more. The imperfection and derangement of vision is not constantly the same, though

not at any time perfect. He finds them much worse when there is pain or uneasiness about the region of the wound. The right eye is more affected than the left. No exfoliation of the bone has taken place, and the wound has to some extent healed and looks healthy. The patient walks with a feeling of giddiness and insecurity. Though his general health is good, the symptoms of injury to the brain do not appear to be at all alleviated, and it is not easy to say what may finally be the result of this case.

VI.—John Anderson, Co. A, 77th Illinois, was wounded by a Minié ball, which struck him on the left side of the head, about the junction of the frontal and parietal bones. The wound extended from before backwards, a little to the right of the sagittal suture, and terminated very near to the lambdoidal suture. The parietal bone was denuded of its periosteum, and a slight portion of the outer table of the bone was removed for about $2\frac{1}{2}$ inches by the grazing of the ball, but no appearance of fracture or depression could be discovered. The bone, however, along the track of the ball, after two or three weeks, began to exfoliate, and several small pieces of the external table were removed. The inner table was also soon after observed to be necrosed, and at the end of about a month after the wound had been inflicted, a part of the inner plate, about the size of a ten-cent piece, being found loose, was removed, exposing the pulsations of the brain very clearly. Afterwards, several other small pieces of the internal plate came away, having been removed as frequently as they were observed to become loose. The eye-sight was not observed to have been injured immediately after the wound was received, but in the course of two or three weeks from that time the patient said he observed that the sight of the left eye became, as he expressed it, feeble and glimmering, and when he attempted to read, the letters appeared to run into each other. At the end of three months, the wound has contracted to some extent, and appears to be healing, and will probably in time get well. The eye-sight, however, does not improve, and the patient thinks that the tendency is rather to grow worse than better. I think it very doubtful whether the sight of the eyes will ever be perfectly restored, even though the wound in the head should be entirely healed.

VII.—James W. Hudson, Co. B, 83d Ohio, was wounded by a Minié ball, which struck the left side of his face, just behind the lower angle of the malar bone, and, passing diagonally across the face, inclining a little upwards and inwards, struck the right malar bone at its upper portion, and slightly injured the anterior extremity of the zygomatic process of the temporal bone. The superior maxillary was fractured from the entrance to the exit of the ball, and the vomer was perforated. The palatine bones were not injured, the ball having passed a little above them. The orifice at the entrance of the ball was comparatively small, but that at the point of exit was larger, jagged, and much lacerated. At the place of exit the finger could be readily introduced, and the track of the ball behind the nasal bones and the perforation through the vomer could be distinctly felt. The lower portion of the superior maxillary bone being thus separated from the upper, and in such a condition as to forbid the expectation of uniting them again, it was determined to remove all the portion below the track of the ball.

I performed the operation by raising the upper lip, and dissecting

close to the bone, until the line of fracture was reached. After having thus separated the fleshy portion in front of the bone along the whole line of the fracture, the soft palate and palatine bones were carefully detached, on the inside of the mouth, from the posterior portion and sides of the lower fragment, and the operation thus completed without difficulty. Some of the short and projecting fragments of the remaining portion of the superior maxillary, and also of the right malar, were removed by the bone forceps, and the external wounds, which had not been enlarged during the operation, were dressed in the usual way. Very little blood was lost during the operation, and there was scarcely any trouble from hæmorrhage afterwards. The patient was not placed under the effects of chloroform, for fear he might be insensible to the blood reaching the trachea. He bore the operation, however, most heroically, and with such calmness and self-possession that he in no way interfered with the convenience of the operator. The operation was performed on the first day of February. The parts healed rapidly, and on the 12th day of March he was discharged from the Hospital, and returned to his home.



Without the Plate.



With the Plate.

When he left the Hospital, I advised him to have a plate made which would supply the place of that part of the superior maxillary and of the teeth which he had lost. I have since received from him two photographs, one of them showing his appearance before, and the other after the plate was applied. The copies from these will also enable the reader more perfectly to understand the description of the wound inflicted and the character of the operation performed.

WOUNDS OF THE TRUNK.

VIII.—David Atkinson, Co. G, 96th Ohio, was wounded by a Minié ball, which struck the left side, about two and a half inches below the nipple, and a little outside of a line drawn perpendicularly through it. The ball penetrated the thorax, between the eighth and ninth ribs, without injury to either of them. A gush of blood from the mouth immediately after the wound had been inflicted, indicated clearly that the lung had been perforated. The ball, however, did not pass through, and still remains somewhere within the cavity, and although there is a good deal of tenderness and soreness, there is nothing to indicate the exact present locality of the ball. Neither percussion nor auscultation throw any light upon it. There is considerable cough, also, but it is not now attended with bloody sputa. His general health is feeble, and he does not gain strength rapidly. The external wound was

entirely healed about the 20th of March, but he still remains in the Hospital on account of general debility.

IX.—Samuel Graves, Co. B, 7th Kansas, was wounded by a pistol ball, which struck him on the right side, an inch and three quarters directly above the nipple, and, passing through the body transversely backwards, with a slight inclination downwards, came out on the back, one inch and a half below the inferior angle of the right scapula. He states that there was a gush of blood from the mouth immediately after the wound had been received, which emanated, of course, from the perforated lung. He states, also, that the profuse bleeding soon ceased, though bloody sputa continued for a long time. The patient has naturally a feeble constitution, and does not gain strength rapidly. He does not now complain of pain, but only of a tightness of the thorax, which prevents him from taking a full inspiration. There is probably an adhesion of the lung, both at the anterior and posterior perforation. Both the external wounds have entirely healed. He had very little cough and no bloody sputa when he was discharged from the Hospital, about the first of April.

X.—John A. Cole, Co. A, 25th Iowa, was wounded by a large Minié ball, which struck the posterior superior spinous process of the ilium, just on the edge of the insertion of the gluteus maximus, and penetrated to the depth of an inch and a quarter, or a full inch into the substance of the bone. The ball was probably nearly spent, or it would have passed through the bone. It was removed soon after the injury had been inflicted, but the wound did not heal, and some loose pieces of bone could be detected by the probe. The odor from the wound also indicated that the bone was in a state of decay. This result is not surprising, as a Minié ball seldom fails to destroy the vitality of a bone where it strikes, and often for some distance around it. The necessity for the removal of the necrosed bone being evident, it was determined to cut down upon it through the original wound. I performed the operation on the 10th of April, just three months after the wound had been inflicted. The soft parts were found to be very much indurated, so much so as to give considerable resistance to the knife, but when these were cut through, several pieces of necrosed bone were found, some of them loose. Besides these, the bone was found to be necrosed for some distance round where the ball had struck. All the necrosed portions were carefully detached, and the walls of the cavity scraped clean. The cavity left in the ilium, after the removal of the diseased portions of the bone, was about the size and shape of half an egg cut longitudinally through its centre. The operation was attended by no untoward circumstance, and it is quite probable that the bone will now take on a healthy action, and that the patient will soon recover, without any permanent disability.

WOUNDS OF THE EXTREMITIES.

Upper Extremities. XI.—Caleb B. Rhode, Co. B, 26th Iowa, was wounded by a Minié ball, which struck the left arm just below the elbow, shattering both the bones and opening the elbow-joint. As the nature of the wound was such as to forbid any attempt to save the limb, I amputated it just above the elbow on the first day of February. For about two weeks after the operation the stump appeared to do well. It united in great part by the first intention, and there was

every prospect that it would speedily heal. One morning, however, about that time, he told me that he had had a terrible dream in the night, that he had thought himself to have been engaged in battle in some deadly strife, and that he was afraid he had hurt his arm during his efforts in his sleep. I immediately examined the stump, and found that the dressings were all deranged, that the adhesions which had been formed were broken up, and that the end of the amputated bone was protruded and uncovered. In his dream he had thrown his arm about in such a manner as to produce these results. I had the arm carefully dressed at once, and did all that I could to favor the healing process, but granulations did not again take place, though a generous diet was given, and tonics and stimulants were freely used. Notwithstanding all our attentions, his strength gradually diminished, and finally gangrene attacked the flap, and he died on the 24th day after the operation.

Fore-Arm. XII.—John Marshall, Co. A, 37th Illinois, was wounded by a shell which struck the left fore-arm. The whole mass of flexor muscles on the inside of the arm, from just below the elbow to the lower third, had been carried away down to the bones, but neither the radius nor ulna had been injured, nor the periosteum destroyed. I was inclined at first to amputate the arm above the elbow, especially as the patient appeared to suffer considerably from constitutional symptoms. I thought it scarcely possible that nature could repair such an extensive injury, under the circumstances in which he was placed. It was decided, however, to make an effort to save the limb. He was placed on generous diet, and received a liberal allowance of tonics and stimulants. In the course of a few days the wound improved in appearance, healthy granulations sprung up, and the wound gradually healed. I had the gratification of knowing that in this case conservative surgery had proved successful. At the end of three months the arm was quite well, though of course with a great loss of substance. He was discharged from the hospital about the 10th of April.

XIII.—P. W. Frisley, Co. D, 31st Iowa, was struck by a grape-shot which passed through the carpus of the left arm. The styloid process of the radius and also that of the ulna were broken off. The parts were greatly inflamed and swollen, and abscesses had formed on the back of the hand. Amputation being considered indispensable, I performed the operation by the flap method, as near to the carpus as the condition of the parts would admit. As he had a fleshy and well-developed arm, the stump had a very handsome appearance. It healed rapidly, and the constitutional symptoms which had existed before the operation soon subsided. The operation was performed on the 29th of January, and he was discharged from the hospital on the 15th of March.

XIV.—Allen S. Paschall, Co. E, 25th Iowa, was wounded by a Minié ball which entered the top of the right shoulder, just touching the extreme end of the acromion process, and passing downwards and slightly backwards came out on the external part of the arm, a little behind and nearly on a level with the insertion of the deltoid muscle. When the wound was received, he was advancing on the enemy's works, and stooping very low to avoid the balls which were flying over head. He held his gun in his right hand, with the elbow drawn very far back. No fracture of the bony structure could be detected,

but several small pieces of bone were found amongst the purulent discharges from time to time, which had probably exfoliated along the track of the ball when it had passed in contact with the bone and destroyed the periosteum. The pain and inflammation were great, and also the swelling; but by the steady application of proper remedies, all these symptoms were gradually reduced, and at the end of about two months the external wounds were entirely healed. The swelling had so much subsided that the shoulder had nearly regained its natural rotundity, but he is not able to raise it up on a line with the other, nor can he remove the elbow any distance from the side. In fact, the shoulder-joint appears to be, to a considerable extent, ankylosed. By passive motion, carefully and perseveringly continued for a long time, it is probable that the use of the limb might be partially or perhaps entirely regained. He was transferred to one of the northern hospitals about the 25th of March.

WOUNDS OF THE LOWER EXTREMITIES.

Femur. XV.—J. M. Philpot, Co. K, 25th Ohio, was wounded by the fragment of a shell which struck the left thigh about an inch above the external condyle, and proceeded upwards and backwards until the wound extended more than six inches in length up the external aspect of the thigh, the flesh being torn away about an inch and a half or two inches in breadth and more than an inch in depth, the bottom of the wound as well as its edges being very rough and irregular. On a careful examination of the wound and the adjacent parts, it was found that a foreign substance was lodged amongst the muscles of the external posterior portion of the thigh, nearly on a line with the trochanter major and about three inches above the superior portion of the external wound. Upon cutting down on it, the fragment of the fuse of a shell, about an inch and a half in length and an inch in breadth but of very irregular dimensions, was found and removed. The wound, after the extraction of this substance, healed rapidly, and at the end of two months and a half was entirely closed. Extensive adhesions, however, had formed while the limb was in a state of flexion, which could not be avoided, and the patient is consequently unable to bring the foot to the ground. It is quite probable, however, that by persevering efforts very carefully and gradually exerted, in the course of time he may be able to place the foot down fairly and have a pretty good use of the limb, though it can scarcely be expected that the muscles will ever be capable of performing all the natural motions perfectly.

XVI.—Samuel Webb, Co. B, 27th Illinois, was wounded above the left knee. The ball entered at the middle of the external condyle, and made a large orifice. There was also another orifice opening at about two inches from, and immediately posterior to the above, and which formed a communication with it. This lateral opening did not appear to have been made by the missile which inflicted the principal injury, but by some substance such as clothing, or some foreign body which accompanied it. As the wound was very painful and attended by profuse suppuration, it was concluded that the missile which inflicted the wound still remained somewhere imbedded in the muscles. A careful search was therefore made for it, and it was finally discovered nearly in front of the os femoris, about the upper third of the thigh, and about eight inches from the point of entrance. The ball was ex-

tracted, by cutting down upon it, on the 10th of February. It was found wrapped in a piece of cloth, about an inch square, which had been carried with it from the patient's pantaloons at the place of entrance. The ball, or more properly slug, was not round nor oblong, but eight sided, and appeared to have been cut from a bar of some kind of metal and afterwards hammered. It was not lead, but had the appearance of zinc or tin. It was a good deal larger than a musket-ball, and had probably been fired from a field-piece. The track of the ball was consequently large, and produced a good deal of suppuration. The orifice made by the extraction of the ball was not permitted to heal until the track of the ball had begun to fill up and the suppuration greatly diminished. After the ball was removed, however, the wound progressed exceedingly well, and in less than two months had entirely healed. There are some adhesions, which prevent the foot from being brought fairly down, but it is probable that, by time and the natural efforts, a good if not an entirely perfect use of the limb may be attained.

Leg. XVII.—Hugh McCann, Co. D, 127th Illinois, was wounded by a Minié ball which struck the right ankle, passed transversely through the joint and fractured the lower extremity of the tibia and fibula. The malleolar process of each of these bones was broken off, and the superior portion of the astragalus had a groove cut in it by the course of the ball. Under such a state of things, it would have been idle to have expected to save the foot, and amputation was of course resorted to. I performed the operation as near as possible to the seat of injury by the lateral flap operation. The healing of the stump progressed very favorably for about ten days, when it was attacked by erysipelas. With some difficulty the erysipelatous inflammation was subdued, though a slight sloughing of the flap took place. Afterwards the wound did not heal favorably. On a careful examination it was found that a small piece of bone had exfoliated at the end of the tibia which was easily removed, and the healing process then proceeded very favorably and it is now nearly well.

It will be observed that erysipelas has prevailed to a considerable extent, and that it frequently attacked the patient after an operation. Whether it prevailed to a greater extent in this Hospital than in others similarly situated, I am not able to determine, but it will probably be found to exist more or less in every place where a number of wounded men are collected together.

XVIII.—Brian Judge, Co. D, 90th Illinois, was wounded by the accidental discharge of a Minié rifle which fell on the platform of the Railroad Station near the Hospital, from the carelessness of a boy who was attempting to go through his military exercises with it. The ball passed through the left leg of Brian Judge, and then struck Michael Wiles of the same Co., who was standing near him, on the right foot and buried itself in the inside of the calcaneum. In the case of Judge, the ball struck the ankle directly in front, just touched the top of the astragalus, making a slight groove in it, and then struck the lower end of the tibia at its inner side, fracturing and splitting that bone obliquely about an inch and a half, the highest part of the fracture being on the internal side a little more than two inches from the end of the styloid process. The ball then glanced off and turned externally towards the fibula of the same leg, passing directly through that

bone transversely, fracturing and comminuting it about on a level with the upper portion of the fracture of the tibia. The injury being of too serious a character to afford any hope of saving the limb, an operation became indispensable. I amputated the leg by the circular flap, as low down as it could be performed in reference to the injury. The stump was well formed, and the wound closed mainly by the first intention. There was but little inflammation or other symptoms to excite apprehension, and the case was proceeding remarkably well. On the fifth day after the operation, however, the stump was attacked by erysipelas, and on the next day a purple spot appeared on the skin over the end of the tibia. The stitches at the same time began to give way, and a small amount of pus, not very well conditioned, escaped from the interior of the flap. The remainder of the stitches were cut out in order to give a free opportunity for the discharges, as well as to prevent them from tearing out by the erysipelatous swelling. The tincture of iodine was applied freely and frequently to the inflamed surface of the leg, and a liberal use of tinct ferri chlor. was made internally. In the course of twenty-four hours the inflammation over the surface and the swelling which accompanied it, had very much subsided, and the purple spot over the end of the bone had nearly disappeared. The general health of the patient did not appear to have been much disturbed. His spirits were cheerful and his appetite good. A few days afterwards a slight slough took place at the spot referred to over the end of the tibia, but it did not spread, and granulations soon filled up the parts and supplied the deficiency. After this the stump did well, and the cure was effected without any further difficulty.

Foot. XIX.—Michael Wiles, Co. D, 90th Illinois, was wounded by the same ball which shattered the leg of Brian Judge, as before mentioned. The ball was of the largest size of Miniés, and after passing through the leg of Judge point foremost, it turned and struck the heel of Wiles, butt end foremost. Though the base of the ball was very much flattened and imbedded in the bone, the patient extracted it himself without the help of a surgeon before he was brought into the Hospital. He was aided in this by the fact that the ball had carried with itself partly into the wound the leather of a thick boot, and that by pulling the leather the ball came with it. It must not be understood, however, that the leather of the boot had not been completely perforated. The ball struck the calcaneum of the right foot on the inner side, about an inch in front of the insertion of the tendo-Achillis, and so near to the upper margin of that bone that it had slightly touched the inferior portion of the astragalus. The ball penetrated about three quarters of an inch in depth directly into the substance of the bone, leaving the bottom and edges of the wound exceedingly rough and jagged. For about three days after the wound had been received he had very little pain, but after that his sufferings became intense, and large and repeated doses of morphine gave him but partial relief. Large warm poultices were substituted for cold-water dressings in the hope of facilitating the formation of healthy purulent discharges instead of the sanious condition which existed. This produced some remission of the pain for a time, but with very little change in the secretions, though a slough took place from the wound about the sixth day, but still leaving it with a very unhealthy appearance. On the eighth day, however, the pain became so intense

that large doses of anodynes, frequently repeated, failed to relieve it, and the patient appeared likely to be worn down with pain and want of rest. It was determined, therefore, unless some favorable change should soon take place, that the leg should be amputated, and the pain was so intense that the patient was ready to submit to the operation. It was thought best, however, to give the wound a careful examination before proceeding to an operation. In making this examination with a probe, the wound bled to the extent of about one ounce. Soon afterwards the patient said that the pain was greatly relieved, and that the wound felt much better. From that period the acute pain disappeared, the wound put on a healthy appearance and progressed rapidly towards a favorable termination. It appears to me that the bleeding from the wound, which occurred in making the examination referred to, relieved the local congestion, and thus produced the very fortunate change which took place from that time in the patient's condition.

XX.—Matthew Johnson, Co. G, 33d Wisconsin, was wounded by a Minié ball which struck the left foot over the second metatarsal bone, a little below its articulation with the tarsus. The ball then penetrated backwards and outwards, and passed out below the malleolus of the fibula and external to the insertion of the tendo-Achillis. The joint being opened and the tarsal and metatarsal bones being extensively injured, the idea of attempting to save the limb could not be entertained, and I therefore amputated the leg by the circular operation as low down as it could be accomplished. For several days the patient appeared to be doing well, but in about a week he began to sink, and, notwithstanding all the nourishing diet and variety of tonics and stimulants with which he was supplied, his strength could not be sustained. He died on the tenth day after the operation. This patient was naturally of a feeble constitution, had been, like all the other wounded, in the same locality in a miasmatic district, and had been afflicted with diarrhœa previous to the reception of the wound. When to all these is added the exhaustion from suppuration previous to the operation, it is not surprising that he sunk under the accumulation of such unfavorable circumstances.

XXI.—Edward L. Sutton, Co. H, 27th Illinois, was wounded in the left foot by a Minié ball which fractured the second and third metatarsal bones and splintered them up into the tarso-metatarsal articulation. As the nature of the wound rendered the removal of the foot absolutely necessary, I performed the operation by Syme's method. For several days there was a fair prospect of a favorable issue, but about the fifth day a streak of inflammation was observed to run up the inside of the leg, which gradually extended to the groin. Symptoms of pyæmia came on, and he died on the eighth day after the operation. The patient was a man of feeble constitution, and had been previously worn down by diarrhœa and by the irritation and profuse discharges from the wound.

REMARKS.

The foregoing have been selected from a large number of cases which were under my care in this Hospital. They have been presented, not because they possess a greater degree of interest than many others, but because they appear to me to exhibit a fair average of the character of the wounds, and of the mortality resulting from them.

It will be observed that the cases referred to were all (except two) wounded at the battle of Arkansas Post, and that from the necessity of the case their wounds had been very much neglected, it not being possible to bring them sooner to the hospital, nor to have them more carefully treated before they arrived there.

The average mortality from secondary operations such as these were, is generally greatly in excess of primary ones or of those which have been performed soon after the wounds which rendered such operations necessary had been received. Although those I have referred to were nearly all of the former class, the results were almost as favorable as could have been expected amongst an equal number of similar primary operations.

Much has been said and written in relation to primary and secondary operations. The topic is a very important one, and I should be much gratified if some one, whose experience qualifies him for the task, would undertake to give us more precise views on that subject.

Very respectfully yours,

THOS. T. SMILEY, M.D.

NOTE.—My connection with the Hospital at Memphis, Tenn., terminated on the 12th of April last. I was obliged then to return home on account of a disease with which I had been afflicted during the whole course of my residence there, and from which I had become much exhausted. The cases which I now report have been copied from notes taken before I left the Hospital, but heretofore I have not found time to copy and arrange them. S.

Philadelphia, Sept. 15, 1863.

EUROPEAN OPHTHALMIC INSTITUTIONS. No. VI.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I venture to send you yet another of my hurried sketches, to complete the series of descriptions of the institutions of different countries. Not to speak of Holland and of Prof. Donders, would be to realize the idea of playing Hamlet, leaving out the part of the hero of the piece. Certainly, by what he has done, and what his suggestions and efforts promise to accomplish, no man deserves to stand higher. Long well known as a physiologist whose mental characteristics were those of industry and exactitude, it was to be supposed that his researches as to the phenomena of vision would be marked by the same accuracy and completeness, and that his conclusions would carry with them an unquestionable authority. Perhaps I may say, also, that no one of the distinguished oculists of Europe displays more judgment and good sense in applying his knowledge to practical use in the treatment of disease—a by no means universal accomplishment among savans.

The Netherlands Hospital for Diseases of the Eye, at Utrecht, is smaller than the institutions of some of the great cities, but has a sufficient number of cases to afford abundant examples of the various forms of disease, and to furnish frequent occasions for operative interference. It is under the charge of Prof. Donders and his assistant Dr. Snellen, both of whom speak French and English as well as Dutch and German; no slight advantage for a student who has not

acquired the language of the country. Excellent opportunities are afforded for minute examination of cases, not only of such as require simple inspection, but where ophthalmoscopic or other investigations must be had recourse to. This is exceedingly important for a learner, as he can gain more by close observation of a single case than by a superficial view of dozens of diseased eyes. The after-treatment of cases operated on, is carefully looked to, and the student can watch the results of treatment in these as well as in the other cases.

Prof. Donders has given much attention to disturbances of the refractive and accommodative power of the eye, and is now publishing his results in a collective form.

Dr. Snellen has devised a scale for testing the acuteness of visual power at different distances, which is being universally adopted as the standard, not only in ophthalmic institutions, but for army purposes. He has also invented or modified some of the instruments employed for operations, in a manner to render them more serviceable, and is a most dexterous and careful operator.

Through Prof. Donders's kindness, I not only had the opportunity of observing his practice at the hospital, but of spending entire days with him, in seeing his private patients, and witnessing experiments he was pursuing on animals with a view to discover the mode of action of the Calabar bean on the iris and the ciliary muscle. These experiments he proposes to continue by the section of different pairs of nerves, until the true agents presiding over the movements of the pupil and the ciliary muscle shall have been positively determined. Thus far, his experiments enable him to assert that the bean acts as an irritant of the third pair of nerves, whilst the sympathetic is incompletely paralyzed.

Utrecht is charmingly situated, on higher ground than the general level of the Netherlands; and not only has charming promenades, laid out on the site of its ancient circuit of fortifications, but has also pleasant environs. In this respect it is fortunate beyond the rest of Holland; which, with the exception of The Hague, offers very little beauty of scenery. These circumstances have made it the home of large numbers of people of refinement and wealth, able to select their residence in what is regarded as one of the healthiest situations in the Low Countries. This fact gives special characteristics to the city, and renders it more agreeable to the studious who assemble to enjoy the privileges of its University—whilst its distance from the crowded commercial cities makes the cost of living inconsiderable.

Holland has one peculiar institution which incidentally gives excellent opportunities for the study of chronic diseases of the eye; in its pauper colonies. These are very large, some of them comprising five thousand or more inmates, and are made up of vagrants or destitute, rendered so by misfortune or disease, or by the habits of intemperance which are said to prevail very largely among the Dutch people. All of this class of persons are sent to these colonies, which have a certain industrial character—and, as usual among such subjects, a very large number exhibit some form of ophthalmic disease. It is easy for an observer to visit these establishments, and to see great numbers of cases of almost every form of chronic disease, in every stage of the affection, with the medical or surgical treatment required for their cure.

I consider Utrecht one of the places offering most advantages for the student wishing to acquaint himself with diseases of the eye, as he will not only have quiet facilities for observation, but will witness a treatment directed according to scientific principles, and without being distorted to accommodate itself to some mere theory, or blindly pursued as a mere routine derived from old authority. The atmosphere of the place breathes of calm scientific research and patient endeavor to surmount obstacles, which, according to the opinion and practice of the teachers there, can only be defined to be, "something which should be overcome."

Truly yours,

H. W. W.

Bibliographical Notices.

On the Medical Selection of Lives for Assurance. By WILLIAM BRINTON, M.D., Fellow of the Royal College of Physicians, Physician to the Mutual Life Assurance Society, Examining Physician to the Indian Railways, &c. &c. New York: 1863.

It would be an agreeable task to speak in general terms both of the importance of the subject of Life Insurance and of the satisfactory manner in which it has been treated by Dr. Brinton. But we find that the American Editor, Dr. Morland, has, in his introductory remarks, spoken so appropriately that it would be a work of supererogation to add any words of our own. He says,

"The subject of Life Assurance, both theoretically and practically, deservedly receives a constantly increasing attention. Its advantages have become widely known in the community, and are availed of with eagerness by nearly all classes. Even those who, personally, cannot afford to pay premiums on their lives, not infrequently enjoy the benefits of a life-policy through the disinterested foresight and kindness of friends, or else are enabled to use indispensable ready money by means of a loan secured in the same manner.

"While these facts and their results are thus daily everywhere attracting more and more notice, whatever tends to perfect the science of Life Assurance, and to facilitate the decisions of the executive officers of its associations, should be warmly welcomed. The community at large, no less than the immediate members of the corporate bodies referred to, is especially interested in all that can advance our knowledge in these important transactions. To the medical profession, however, this rapidly extending work appeals with singular emphasis. Scarcely any practitioner of acknowledged capability, especially in large towns, escapes the responsibility of deciding questions relative to Life Assurance. It need hardly be said, that there is no position involving a higher degree of professional responsibility than that occupied by the medical examiner of a Life Assurance Company. But, strange as it may seem, this fact is not by any means fully appreciated, in too many instances. This does not arise from wilful carelessness, nor so much from a hasty presumption that examination for Life Assurance, where the individuals seem to be perfectly well, is a simple and easy matter, as from actual ignorance of the true relations of the medical examiner to the persons examined, and to the company which he, the examiner, represents. These, then, are what all require to know, who would acceptably fulfil the duties of medical examiner for Life Assurance.

"The pages which follow afford this information succinctly, but with great distinctness. No similar amount of composition upon the subject, within our cognizance, compares with this pamphlet in excellence; and it is believed that no greater favor, in this regard, could be conferred, both upon the medical profession and the public, than to reprint its valuable instructions. It would appear that no right is infringed by the procedure; indeed, the accomplished author

may even feel complimented, in no small degree, by the reproduction of his little work in this country. Dr. Brinton's name has long carried authority with it, and his various writings have already won for him an enviable reputation.

"Dr. Brinton's remarks and rules—so modestly, yet so convincingly, set forth—will, we are persuaded, commend themselves at once to medical examiners of candidates for Life Assurance; and will prove interesting and instructive to all connected with offices established for that purpose."

The treatise itself is so concise that an accurate analysis is unnecessary. We will, however, add what we consider the best recommendation, that the author evidently writes from experience. This is shown not only by the clearness and precision with which he lays down many rules, but still more strongly by his guarded language when speaking of points, the actual difficulties of which, the initiated only can appreciate.

There seems, however, to be some obscurity in his views about insanity. He says, on page 22, after his remarks on consumption, "Any attempt to estimate the importance of another of the hereditary diseases—insanity—offers us difficulties even greater than those of consumption. But as the disease itself shortens life to a much smaller extent, the tendency to it seems less significant."

Knowing that the existence of insanity in the family is generally considered a sufficient reason for declining a risk, the above language seems to convey a decidedly wrong impression. On page 59, however, the author's views are clearly stated. He says that "insanity is a state which, whether actually present or likely to obtain, as shown by family or personal history, constitutes a grave objection to the acceptance of a life." But after obtaining all the information possible concerning the present state of health of the applicant, his past history and the peculiarities of his family, the difficulty of a decision has only commenced. The points upon which it is based may, to quote the words of the author, "be sometimes made up of a variety of favorable or unfavorable circumstances, all tending one way, and therefore leaving you little doubt that it is your duty to accept or reject respectively. But it will more frequently happen that the unfavorable circumstances are so opposed by the favorable ones, as to leave you in doubt whether they are not neutralized, and practically removed, leaving a clear balance of facts in favor of the proposal.

"But even this coarse numerical illustration leaves unnoticed the chief difficulty of such decision, viz., what degree of stringency are we to use? What is our standard of health; or, conversely, our ground of rejection? Here, again, I can only confess my inability to define by words the exact boundary between a life that we may accept and one that we must decline. Even in practice, such decisions, as difficult as they are important, often tax all that we have of reason and judgment. Indeed, they are frequently based on considerations so many and complex, that we have no right to judge harshly of any conscientious opinion, however much we may personally differ from it."

Commending particularly these last remarks to all those immediately interested in Life Assurance, we will add that the pamphlet contains much of value to every physician, the questions there discussed possessing a vital interest to many whose lives are without money value, and yet when properly regulated may be made both happy and useful.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON: THURSDAY, SEPTEMBER 24, 1863.

VITAL STATISTICS OF THE AFRICAN RACE.—A Commission has been appointed by the Government to inquire into the condition of the colored population emancipated by the President's proclamation and by the Act of Congress, and to report what measures are necessary to place them in a condition of self-support and self-defence, with the least disturbance to the great industrial interests of the country.

This Commission are seeking to ascertain the vital statistics concerning the African race and the mulattoes, as well in the Northern and Middle as in the Southern States. It is very important that this should be done, but unfortunately the data do not exist. It is not known, from any wide circle of observation, whether the mulattoes are as fertile as blacks and whites; whether they are long lived; nor even whether their breed can exist permanently; that is, whether its hybridity will prevent its persistence. Then there are questions about the adaptation of the cross-breed to the northern parts of the temperate zone; questions about the effects of amalgamation upon the white race, and the like. The Commission have sent out circulars to many medical men, but they of course will not reach all who might, if called upon, give valuable aid. In our last number we printed the series of questions put forth by Dr. Howe in behalf of the Commission, and would again invite the attention of our readers to it. Those who are disposed to answer the queries, or to favor the Commission with their views upon the general subject committed to it, are invited to address Dr. Samuel G. Howe, 143 Second Ave., cor. of East 9th St., N. York.

RED VULCANITE AS A BASE FOR ARTIFICIAL TEETH. *Messrs. Editors,*—A correspondent of the London *Lancet* called the attention of the profession, some time ago, to the use of "red vulcanite," employed by dentists as the basis of artificial teeth. In alluding to the effects of this new material, he says:—

"I have at the present time a patient under my care who was supplied, some nine months since, with a set of teeth, for the upper jaw, based on 'red vulcanite,' who has been declining in health and spirits ever since he has worn them. From being a strong, healthy, muscular, and robust man, he has been losing flesh rapidly, with loss of appetite, sickness, nausea, flatulence, gastric irritation, fetid breath, vertigo, diarrhœa, &c., apparently without any assignable cause. Seeing that he wore artificial teeth, I begged to be allowed to look at them, and it occurred to me whether there might not be something prejudicial in the coloring matter of the 'vulcanite,' which was keeping up his somewhat anomalous symptoms. I requested him to leave them off for a month (much against his inclination, as he never thought about his teeth having anything to do with his indisposition), and a marked improvement in all of his symptoms followed. He has since resumed them, with a like result as before."

Subsequently, another correspondent, Dr. H. C. Roods, referred to the same subject; and in some remarks, on the influence of the coloring matter (bisulphuret of mercury) of "vulcanite" upon health, he states that a relative of his, whose previous status of health had always

been good, after wearing teeth prepared from this material for some months, began to complain of diarrhoea and an irritable state of the bowels, which persisted, notwithstanding the patient was put upon a well-regulated diet, and was subjected to several remedial agents. The thought occurred to the doctor that "vulcanite" might be the disturbing cause, inasmuch as mercurials of any kind, in the smallest doses, always produced, in this lady, great irritability of the alimentary canal.

In this community the same question has arisen—whether or not the general use of vulcanized rubber, as a basis for artificial teeth, is having a deleterious effect upon the health of those wearing it constantly, in contact with the glandular secretions of the mouth. Some cases have been verbally reported, in which there are grave suspicions that this dental material is producing an injurious influence upon the system. A case was recently related to me, of the sudden death of a man who wore a whole set of teeth on rubber. A *post-mortem* examination did not reveal any noticeable cause of death. It is not an uncommon occurrence, however, that the pathological knife fails to discover the true cause of death. It is well known that many persons are extremely susceptible to medicinal agents, however minute the quantity. The same holds true in regard to both mineral and vegetable poisons, which are often introduced into the system so insidiously that the nature and cause of declining health are not known till too late to rescue the unsuspecting victim from a premature death. "Although it appears improbable," says the *Lancet*, "that a mercurial preparation, combined with an impermeable substance like vulcanite, should escape therefrom in sufficient quantity to affect the system, still facts may prove stronger than probabilities in the matter; and although many persons wear the material without prejudice and with great satisfaction, occasionally a party peculiarly susceptible to the influence of mercury may possibly suffer from the coloring matter, and if so, it would be desirable to select some other than a mercurial pigment for tinting the vulcanite, or coraline, as it is termed."

This subject is one of some importance, and from the well-known reputation of the leading dentists of our city, we do not believe, for a moment, that they would knowingly countenance the use of any material, in their profession, that would produce injurious consequences upon the animal economy.

As physicians are the conservators of the public health, it is right and just that they should watch with careful vigilance any and every cause that may be productive of disease.

If these few thoughts shall serve to call the attention of the profession to the subject matter, in order that in cases where vulcanized rubber is used, and any abnormal consequences follow, the relation of the one to the other may be appreciated, then the object of the writer will have been answered.

ADINO B. HALL.

Boston, September 24th, 1863.

EFFECTS OF TOBACCO UPON THE HEALTH.—The London *Lancet*, in referring to the recent researches of Dr. Richardson with regard to the effects of tobacco upon the health, says :—

"In this inquiry every position has been founded on individual re-

search, and though in some instances the research has rested on the previous labors of other inquirers, the evidence has been confirmed by new observation. Condensed into a few sentences the details of the recent inquiry will be found in the following summary.

"1. The effects that result from smoking are due to different agents imbibed by the smoker—viz., carbonic acid, ammonia, nicotine, a volatile empyreumatic substance, and a bitter extract. The more common effects are traceable to the carbonic acid and ammonia; the rarer and more severe to the nicotine, the empyreumatic substance, and the extract.

"2. The effects produced are very transitory, the poison finding a ready exit from the body.

"3. All the evils of smoking are functional in character; and no confirmed smoker can ever be said, so long as he indulges in the habit, to be well. But it does not follow that he is becoming the subject of organic and fatal disease because he smokes.

"4. Smoking produces disturbances in the blood, of the stomach, of the heart, of the organs of sense, of the brain, of the nervous filaments and sympathetic or organic nerves, of the mucous membrane of the mouth, and of the bronchial surface of the lungs.

"5. The statements to the effect that tobacco-smoke causes specific diseases—such as insanity, epilepsy, St. Vitus's dance, apoplexy, organic disease of the heart, cancer, and consumption—have been made without any sufficient evidence or reference to facts. All such statements are devoid of truth, and can never accomplish the object which those who propose them have in view.

"6. As the human body is maintained alive and in full vigor by its capacity within certain well-defined limits to absorb and apply oxygen, as the process of oxydation is most *active and most required* in those periods of life when the structures of the body are attaining their full development, and as tobacco-smoke possesses the power of arresting such oxydation, the habit of smoking is deleterious to the young.

"7. In the main, smoking is a luxury which any nation of natural habits would be better without. The luxury is not directly fatal to life, but its use conveys to the mind of the man who looks upon it calmly the unmistakable idea of physical detriment.

"8. But as a luxury tending to this condition, it is probably one of the least hurtful of luxuries. It is on this ground, in fact, that tobacco holds so firm a position: that of nearly every luxury it is the least injurious. It is innocuous as compared with alcohol; it does infinitely less harm than sugar (?); it is in no sense worse than tea; and, by the side of high living, altogether it contrasts most favorably. It is most antidotal to gluttony.

"9. Tobacco may also be considered, in certain cases, as a remedy for evils that lie deeper than its own, and as such a remedy it will persist in holding its place until those evils be removed.

"We wish space permitted us to do more ample justice to Dr. Richardson's inquiry. The striking paradox involved in his statement regarding sugar, however, requires explanation."

A NEW TEST FOR MILK. By Dr. ALFRED VOGEL.—Dr. Vogel, after alluding to the different methods which have hitherto been adopted for testing the purity of milk, describes an apparatus devised by himself,

and which is founded upon optical principles. The chief adulteration of milk is water, and the quality of pure milk depends upon the greater or less abundance of oil globules which it contains. The principle on which Dr. Vogel's test is founded is the impermeability of milk to the rays of light, and his first experiment was made with a flat bottle, such as is sometimes used for keeping scents. A taper was placed behind the bottle, and a certain quantity of water was poured into it, the flame of the taper being, of course, seen through the water and the glass sides of the bottle. Milk was now gradually added to the water, until the flame of the taper became invisible, and a repetition of the experiments proved, that invariably at the moment of the addition of the same drop of milk the last ray of the light from the taper disappeared. Hence it was shown, that a measured layer of water between two parallel glasses always becomes, by the addition of a measured quantity of milk, so opaque that a light can no longer be seen through it. The same milk was then diluted with water, and it was found that a greater quantity of this diluted milk must be added in order to render the mixture opaque. Dr. Vogel's apparatus consists of the following materials, namely:—1. A glass for mixing the water and milk, having a graduated scale marking exactly 100 centimètres; 2. A test-glass, with parallel glass sides separated exactly half a centimètre from each other; and, 3. A fine, graduated pipette. Dr. Vogel gives minute directions for using this apparatus; but the principal operations consist in first pouring water into the mixing-glass, and gradually adding milk from the pipette. The mixture is then shaken and poured into the test-glass, behind which a lighted taper is placed. If the light is still visible, the mixture of water and milk is poured back into the mixing-glass, and a measured quantity of milk is added, and then the mixture is again poured into the test-glass. By a little practice, the exact time is soon ascertained when the light is on the point of disappearing, and when it has quite disappeared the experiment is at an end. It is thus ascertained how much per cent. of milk is necessary to cause the complete opacity of a layer of water half a centimètre in thickness.

This very simple, and, at the same time, ingenious, contrivance of Dr. Vogel is well worthy of attention, considering the great importance of milk as an article of diet for all classes of the community, especially children, and considering, also, that the most common adulteration of milk, namely, water, is the most difficult of detection.—*Lond. Medical Times and Gazette.*

RAILWAY TRAVEL IN ENGLAND—ITS INCONVENIENCES AND DANGERS.—The following, taken from a late English paper, possesses a little too much of the tragic to be agreeable. Why our beloved cousins should persist in locking people up in a small box, without the possibility of communicating with any one outside of it, when travelling on a railway, is more than we can comprehend. We trust that this bit of experience will lead them to adopt some of our Yankee modern improvements:—

“A Mr. McLean and a Mr. Worland took seats in a second-class carriage, by the Friday night express, from Liverpool to London. In the same compartment were a moody-looking Irishman and an elderly woman. He now and again talked to himself somewhat fiercely, and

seemed to be threatening an invisible foe. Mr. McLean and Mr. Worland glanced at him, and then continued in friendly chat. Now it happened that the man had been insane, and was rapidly growing insane again. A wild notion was fast acquiring the strength of a fixed idea. The two men, in familiar chat, were thieves planning how they could rob him, and he was resolving to be first in the field. As soon as the train had left Bletchley, the maniac drew a knife, and stabbed Mr. Worland in the head. He drew back his arm to repeat the stroke, when Mr. McLean, who seems to have had his wits about him, knocked him back into his seat. Springing up, the maniac made another dash at the now insensible Worland; but here he was again foiled by McLean, who gripped his throat and his armed hand, and a close combat begun. All the time the train flew rapidly through the country. The woman, sitting near the other window, had done all she could to alarm the driver, by wasting her screams on the morning air, and now lay insensible from the effect of terror. The madman drew the blade of his knife through the fingers of McLean, and thrust with it wildly. Worland had now regained his senses, and he at once entered into the combat, getting behind the madman, and throwing him down. The maniac's yells were louder than those of the woman; they were continuous, but neither guard nor driver heard them. For 40 long miles this scene lasted, seen by none except those engaged in the strife; until a ticket-collector, hastily opening the door, saw the two gashed and haggard men bending over the exhausted madman on the blood-stained floor."—*Hunt's Merchants' Magazine*.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, SEPTEMBER 19th, 1863.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	52	53	105
Ave. mortality of corresponding weeks for ten years, 1853—1863,	46.2	44.3	90.5
Average corrected to increased population	00	00	99.19
Death of persons above 90	1	0	1

Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumon.	Variola.	Dysentery.	Typ. Fever.	Chol. Infan.
10	5	3	4	0	7	5	17

COMMUNICATIONS RECEIVED.—The Use of Quinine in Malarious Districts. By George Derby, Surgeon to the 23d Mass. Vols.—Case of Extra-uterine Pregnancy. By John L. White, M.D., Jerseyville, Ill.

MARRIED,—In this city, 17th inst., Dr. Gustavus Hay to Miss Maria Crehore.

DEATHS IN BOSTON for the week ending Saturday noon, Sept. 19th, 105. Males, 52—Females, 53.—Accident, 1—apoplexy, 2—inflammation of the bowels, 2—congestion of the brain, 1—disease of the brain, 1—bronchitis, 2—cholera infantum, 17—cholera morbus, 2—consumption, 10—croup, 5—diarrhoea, 5—diphtheria, 1—dropsy, 2—drowned, 1—dysentery, 7—epilepsy, 1—scarlet fever, 3—typhoid fever, 5—gastritis, 2—disease of the heart, 2—infantile disease, 1—insanity, 1—intemperance, 1—jaundice, 1—disease of the kidneys, 1—disease of the liver, 1—congestion of the lungs, 1—disease of the lungs, 1—inflammation of the lungs, 4—marasmus, 4—old age, 5—premature birth, 2—spina bifida, 1—suicide, 1—syphilis, 1—teething, 1—unknown, 2—whooping cough, 4.

Under 5 years of age, 51—between 5 and 20 years, 13—between 20 and 40 years, 11—between 40 and 60 years, 19—above 60 years, 11. Born in the United States, 73—Ireland, 24—other places, 8.